

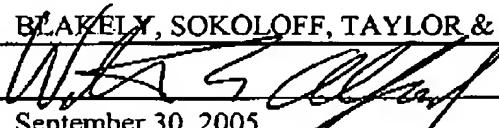
FACSIMILE: (714) 557-3347


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SEP 30 2005

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application No.	10/731,566
		Filing Date	December 8, 2003
		First Named Inventor	Gilbert C. Vandling
		Art Unit	2825
		Examiner Name	Vuthe Siek
Total Number of Pages in This Submission	16	Attorney Docket Number	6450P003

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> PTO/SB/08  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Apparatus, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Facsimile Transmittal Sheet</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William E. Alford, Reg. No. 37,764 BLAZELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	September 30, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Pat Sullivan		
Signature		Date	September 30, 2005

Based on PTO/SB/21 (04-04) as modified by Blazely, Sokoloff, Taylor & Zafman (vtr) 06/04/2004.  
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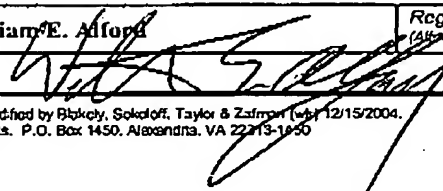
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<b>FEE TRANSMITTAL for FY 2005</b> <small>Patent fees are subject to annual revision.</small>		Complete If Known	
		Application Number	10/731,566
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	December 8, 2003
		First Named Inventor	Gilbert C. Vandling
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 0.00		Examiner Name	Vuthe Sick
		Art Unit	2825
		Attorney Docket No.	6450P003

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor &amp; Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>																																																																																																																																
<b>1. EXTRA CLAIM FEES</b>																																																																																																																																
Total Claims	34	34 <sup>th</sup>	0	50.00	0.00																																																																																																																											
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<b>SUBMITTED BY</b>		Complete (if applicable)	
Name (Print/Type)	William E. Adford	Registration No. (Attorney/Agent)	37,764
Signature		Telephone	(714) 557-3800
		Date	09/30/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (12/15/2004).  
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<b>FEE TRANSMITTAL for FY 2005</b> <small>Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	10/731,566
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	December 8, 2003
		First Named Inventor	Gilbert C. Vandling
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 0.00		Examiner Name	Vuthe Siek
		Art Unit	2825
		Attorney Docket No.	6450P003

**METHOD OF PAYMENT** (check all that apply)

☐ Check 
 ☐ Credit card 
 ☐ Money Order 
 ☐ None 
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below 
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. 
 ☐ Credit any overpayments

**FEE CALCULATION**

**1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
34	34 - 34 = 0	50.00	\$0.00
Independent Claims	3 - 4 = 0	200.00	\$0.00
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	60	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	380	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)				(S) 0.00

\*or number previously paid, if greater. For Reissues, see below

**2. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
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1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	785	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
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Other fee (specify)					
SUBTOTAL (2)				(S)	

<b>SUBMITTED BY</b>		Complete (if applicable)	
Name (Print/Type)	William E. Alford	Registration No. (Attorney/Agent)	37,764
Signature		Telephone	(714) 557-3800
		Date	09/30/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (M) 12/18/2004  
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Appl. No. 10/731,566

Dated 09/30/2005

Reply to Office Action of 08/30/2005

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application. No.: 10/731,566

Confirmation No. 5068

Applicant : Gilbert C. Vandling

Filed : 12/08/2003

For : METHOD AND APPARATUS FOR  
DESIGNS INTO EQUIVALENT COMBINATIONAL LOGIC

TC/A.U. : 2825

Examiner : SIEK, VUTHE

Docket No. : 6450.P003

Customer No. : 8791

## RESPONSE TO RESTRICTION REQUIREMENT OFFICE ACTION

Commissioner for Patents  
PO Box 1450  
Alexandria VA 22313-1450

Dear Sir:

In response to the Office Action mailed on 08/30/2005,  
please enter the following amendments and remarks in the above-  
identified patent application as follows below:

Claim Amendments begin on page 2.

Remarks begin on page 10.

Conclusion with signature is on page 12.

6450.P003

1

WEA/phs